



Borough of Harrogate.

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

**Report on the Medical Inspection
of School Children**

FOR THE YEAR

1923

BY

JAMES MAIR, M.B., D.P.H.

Medical Officer of Health and School Medical Officer.

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THE HEALTH COMMITTEE.

The MAYOR (COUNCILLOR D. SIMPSON).

Chairman : ALDERMAN R. ANNAKIN.

Ald. Lofthouse	Coun. Lister	Coun. Watson
„ Shepherd	„ Newsome	„ Webster
Coun. Bain	„ Mackay	„ Whiteoak
„ Broadbank	„ Mortimer	„ Wood
„ Foster	„ Riley	„ Wood, R. E.
„ Franklin	„ Schofield	

Health Sub-Committee.

The MAYOR (Councillor D. Simpson).

Ald. Annakin	Coun. Broadbank	Coun. Wood
„ Shepherd	„ Watson	„ Wood, R. E.
	„ Webster	

Maternity and Child Welfare Sub-Committee.

The MAYOR (Councillor D. Simpson).

Ald. Annakin	Coun. Broadbank	Coun. Webster
„ Shepherd	„ Mortimer	„ Wood
	„ Watson	„ Wood, R. E.

Co-opted Members :

Mrs. Thompson

Mrs. Shepherd

Mrs. Imeson



*To the Mayor, Aldermen, and Councillors of the
Borough of Harrogate.*

GENTLEMEN,

I have the honour to present to you for your information and consideration my Annual Report on the Health and Sanitary circumstances of the Borough of Harrogate for 1923.

The Report is on the lines suggested by the Memorandum of the Ministry of Health, and while condensed as much as possible, it is believed to contain all essential information.

I have to express my appreciation of the assistance and co-operation of my colleagues and the members of my Staff, and I have also to thank the Chairman and Members of the Health Committee for the support accorded me.

I am, Gentlemen,

Your obedient servant,

JAMES MAIR.

*Harrogate,
1st May, 1924.*

General Statistics, 1923.

Area (acres)							3,276
Population (Census 1921)							38,885
Population 1922 (Estimated by Registrar-General)							34,280
Number of inhabited houses 1923 (estimated)							8,665
Rateable Value							£395,075
Produce of Penny rate (Poor rate)							£1,574
„ „ (District rate)							£1,564
Births: Males...245. Females...235						Total...480	
Birth Rate							14.0
Number of Deaths: Males...180. Females...184.						Total...364	
Death Rate							10.6
Deaths of Infants under one year of age { Legitimate...23 } { Illegitimate...7 }							30
Infant Mortality per 1,000 births { Legitimate...52.3 } { Illegitimate...175 }							62.5
Death Rate from Phthisis							0.67
Death Rate from other Tuberculous Diseases							0.15
Zymotic Death Rate							0.09
Deaths from Measles							Nil
Deaths from Whooping Cough							Nil
Deaths from Diarrhoea (under two years)							1
Primary Vaccinations							317
Exemption Certificates granted							246
Mean Annual Temperature							46.7
Total Rainfall							35.07 ins.
Hours of Bright Sunshine							1,397.2

TABLE I.—VITAL STATISTICS OF HARROGATE
FOR 1923 AND PREVIOUS YEARS.

Year	Estimated Population	Nett Births		Nett Deaths			
				Under 1 year of age		At all ages	
		No.	Rate	No.	Rate per 1,000 Births	No.	Rate
1912	34,400	500	14.5	32	64	320	9.3
1913	34,960	582	16.3	45	77.3	423	11.9
1914	35,030	513	14.6	36	70.2	371	10.6
1915	35,030	503	14.3	47	93.4	508	14.5
1916	33,204	530	14.7	42	77.1	412	12.4
	36,127						
1917	33,204	415	11.5	26	62.6	397	11.9
	36,127						
1918	33,245	398	10.7	37	93.0	461	13.9
	37,240						
1919	36,231	431	11.4	22	51.0	391	10.8
	37,742						
1920	37,674	619	16.4	36	58.2	422	11.2
1921	34,440	482	14.0	35	72.6	387	11.2
1922	34,490	485	14.1	30	62	419	12.1
1923	34,280	480	14.0	30	62.5	364	10.6

M. F. Total.

Births { Leg. ... 225 ... 215 ... 480 } Birth Rate, 14.0
 { Illeg.... 20 ... 20 ... }

Deaths, 364. Death rate, 10.6.

Number of Women dying in or in
 consequence of childbirth, Nil.

Deaths of Infants under 1 year of age per 1,000 births:

Legitimate, 52.3. Illegitimate, 175. Total, 62.5.

Deaths from Measles (all ages), Nil.

Do. Whooping Cough (all ages), Nil.

Do. Diarrhoea (Under 2 years of age), 1.

BIRTH-RATE, DEATH-RATE, AND ANALYSIS OF MORTALITY during the year 1923.

(Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1923, while those for the towns have been calculated on populations estimated to the middle of 1922. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns.)

	BIRTH- RATE PER 1,000 TOTAL POPULA- TION	ANNUAL DEATH-RATE PER 1,000 POPULATION								RATE PER 1,000 BIRTHS		PERCENTAGE OF TOTAL DEATHS			
		All Causes	Enteric Fever.	Small-pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Violence	Diarrhoea and Enteritis (under two years)	Total Deaths under One year	Causes of Death certified by Registered Medical Practitioners	Inquest Cases	Uncertified Causes of Death
England and Wales...	19.7	11.6	0.01	0.00	0.14	0.03	0.10	0.07	0.22	0.44	7.7	69	92.0	6.9	1.1
105 County Boroughs and Great Towns, including London	20.4	11.6	0.01	0.00	0.15	0.03	0.12	0.09	0.22	0.40	9.9	72	92.2	7.2	0.6
157 Smaller Towns (1921) Adjusted	19.8	10.6	0.01	—	0.19	0.02	0.10	0.06	0.21	0.38	6.4	69	92.6	6.1	1.3
Populations 20,000 -50,000															
London	20.2	11.2	0.01	0.00	0.08	0.02	0.09	0.13	0.17	0.45	10.2	60	90.8	9.1	0.1

TABLE II.

CAUSES OF DEATH IN HARROGATE BOROUGH, 1922 and 1923.

					1922		1923	
Causes of Deaths					Males	Females	Males	Females
(Civilians only) ALL CAUSES					168	251	180	184
1	Enteric Fever	...	...	...	...	...	...	...
2	Small Pox	...	...	...	...	...	...	...
3	Measles	...	...	...	...	...	...	...
4	Scarlet Fever	...	...	...	...	...	...	1
5	Whooping Cough	...	...	...	...	...	...	...
6	Diphtheria	...	...	...	...	...	...	1
7	Influenza	...	...	...	6	5	5	3
8	Encephalitis Lethargica	...	...	...	...	1	...	...
9	Meningococcal Meningitis	...	...	...	...	...	...	...
10	Tuberculosis of Respiratory system	...	...	...	6	9	10	13
11	Other Tuberculous Diseases	...	...	...	...	4	3	2
12	Cancer, Malignant Disease	...	...	...	18	53	24	23
13	Rheumatic Fever	...	...	...	3	1	...	1
14	Diabetes	...	...	...	3	6	2	1
15	Cerebral Haemorrhage, etc.	...	...	...	7	28	8	17
16	Heart Disease	...	...	...	23	37	29	41
17	Arterio-Sclerosis	...	...	...	13	9	11	6
18	Bronchitis	...	...	...	14	16	9	10
19	Pneumonia (all forms)	...	...	...	17	10	15	11
20	Other Respiratory Diseases	...	...	...	...	3	2	3
21	Ulcer of Stomach or duodenum	...	...	...	1	...	4	...
22	Diarrhoea, &c. (under 2 years)	...	...	...	...	...	...	1
23	Appendicitis and Typhlitis	...	...	...	1	5	1	1
24	Cirrhosis of Liver	...	...	...	2	...	4	1
25	Acute and Chronic Nephritis	...	...	...	4	3	7	8
26	Puerperal Sepsis	...	...	...	...	2	...	...
27	Other Accidents and Diseases of Pregnancy and Parturition	...	...	...	...	2	...	...
28	Congenital Debility and Malformation Premature Birth	...	...	...	13	9	9	5
29	Suicide	...	...	...	1	1	1	1
30	Other Deaths from Violence	...	...	...	5	4	8	5
31	Other Defined Diseases	...	...	...	31	43	27	29
32	Causes Ill-defined or Unknown	...	...	...	...	...	1	...
SPECIAL CAUSES (included above)								
	Poliomyelitis	...	...	...	...	...	...	...
	Polioencephalitis	...	...	...	...	...	...	...

TABLE III.

INFANT MORTALITY during the year 1923.

Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.				Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	4 wks and under 3 months	3 and under 6 months	6 and under 9 months	9 and under 12 months	Total Deaths under 1 yr.
All causes { Certified ...				...	...	...	...	...	...	...	...	...	30
{ Uncertified ...				...	...	...	...	...	...	...	...	...	...
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken Pox	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	...	...	...	1	...	...	...	1	1	3	...	...	5
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	1	...	...	1
Pneumonia (all forms)	...	...	...	...	...	...	...	...	2	1	1	...	4
Diarrhoea	...	...	...	...	...	...	...	...	...	...	1	...	1
Enteritis	...	...	...	...	...	...	...	...	...	...	...	...	...
Gastritis	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	1	...	...	1	...	1	1	...	3
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation (overlying)	...	...	...	...	...	...	...	...	...	...	...	...	...
Injury at birth	...	...	...	...	...	...	...	...	...	...	...	...	...
Atelectasis	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital Malformations	...	...	...	...	...	...	...	...	...	...	...	...	...
Premature Birth	...	...	...	7	3	...	...	10	...	...	...	...	10
Atrophy, Debility, and Marasmus	...	...	...	2	...	...	...	2	1	...	...	1	4
Other Causes	...	...	...	...	...	...	...	...	1	1	...	...	2
Totals	...	...	...	10	4	...	...	14	3	8	2	3	30

Nett Births in the Year
(Registrar General's Figures)

Legitimate 440
Illegitimate 40

Nett Deaths in the Year.

Legitimate Infants... .. 23
Illegitimate Infants 7

Population.

The Registrar-General estimates the population of Harrogate at the middle of 1923 at 34,280. This is 210 less than his estimate for the previous year and is only 574 more than the population at the Census in 1911. I do not know how the Registrar-General arrives at his estimate, but I feel certain that it is much too low. As it is, however, the official figure it must be accepted, and it is used as the basis for the calculation of the various rates which appear in this report.

Births.

During the year 497 births were registered in Harrogate, but the corrected number as supplied by the Registrar-General is 480, of which 245 were males and 235 were females. The birth rate is therefore 14.0 per 1,000 of the estimated population and is practically the same as that for the previous year (14.1). It is 5.7 below the rate for England and Wales and 5.8 below that for the 157 smaller towns of which Harrogate is one.

Of the 480 births, 40—20 males and 20 females—were illegitimate. This represents 8.3 per cent. of the total births, and an illegitimate birth rate of 1.2 per 1,000 of the estimated population; and is a slight decrease on the previous year when the corresponding figures were 10 per cent. and 1.4 per 1,000.

Deaths.

The number of deaths registered as having occurred in Harrogate during the year was 395. From this number there are to be deducted the deaths of 67 persons not usually resident in Harrogate, and there have to be added the deaths of 36 Harrogate residents who died elsewhere. The nett number of deaths is therefore 364—180 males and 184 females—and the death rate is 10.6 per 1,000. This is 1.5 per 1,000 below the rate for 1922, and is indeed one of the lowest rates recorded.

It is 1.0 below the rate for England and Wales, and exactly the same as the rate for the 157 smaller towns.

TABLE IV. BOROUGH OF HARROGATE

DISEASE	Total Cases Notified	NUMBER OF CASES NOTIFIED.									
		AT AGES—YEARS.									
		Under 1 yr.	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	5-10 yrs.	10-15 yrs.	15-20 yrs.	20-35 yrs.	35-50 yrs.
Diphtheria (including Mem- branous Croup)	16	1	...	...	2	..	6	2	2	2	..
Scarlet Fever ...	*31	1	...	...	2	2	7	13	3	3	...
Enteric Fever Including Para- Typhoid	6	...	...	...	...	...	2	1	...	1	...
Poliomylitis	2	...	1	...	...	...	1	...	...	...	...
Pneumonia	51	1	1	4	2	...	2	1	4	8	...
Erysipelas	6	...	...	1	...	...	...	...	...	2	...
Tuberculosis											
(a) Pulmonary											
Males	16	...	...	...	...	...	1	1	...	5	...
Females	10	...	...	...	...	...	1	...	2	2	...
TOTALS	26	...	...	...	...	...	2	1	2	7	...
(b) Non-Pulmonary											
Males	13	...	1	...	...	...	7	3	...	1	...
Females	12	1	...	1	...	...	2	2	2	1	...
TOTALS	25	1	1	1	...	...	9	5	2	2	...

* One Harrogate resident died from Scarlet Fever during the year 1911, but the case is not included in the above figures.

NOTIFIABLE DISEASES DURING 1923.

		No. of Cases Admitted to Hospital	Total No. of Deaths	NUMBER OF DEATHS.											
				AT AGES - YEARS.											
65 s.	65 and Over			Under 1 yr.	1 2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	5-10 yrs.	10-15 yrs	15-20 yrs.	20-35 yrs.	35-45 yrs.	45-65 yrs.	65 and Over
...	...	16	1	...	...	...	...	...	...	...	...	...	1	...
...	...	25	...	...	...	...	...	...	...	...	...	...	...	...
...	
...	
10	27	4	1	...	1	...	...	...	4	2	7	8	
...	
...	
...	10	...	...	...	...	...	...	...	3	3	4	...	
1	12	...	...	...	...	...	...	...	5	1	6	...	
1	22	...	...	...	...	...	...	...	8	4	10	...	
...	3	...	...	1	...	1	...	...	...	...	1	...	
1	2	...	...	1	...	...	...	...	...	...	1	...	
1	5	...	...	2	...	1	...	...	...	...	2	...	

as the disease was contracted and death occurred in another town
in these figures.

Table II. shews the number of deaths from stated causes for 1922 and 1923, and it will be noted that the decrease has been principally in the deaths from cancer, bronchitis, cerebral haemorrhage, and other defined diseases, cancer alone being responsible for 24 fewer deaths than in 1922.

On the other hand there has been an increase in the number of deaths caused by heart diseases, nephritis, and tuberculosis, the last named having caused 9 more deaths than in the previous year.

Infant Mortality.

During the year 30 infants (19 males and 11 females) died before reaching the age of one year. This is exactly the same number as in the previous year, and although the rate is slightly higher, 62.5 per 1,000 births as compared with 62 in 1912, it is one of the lowest recorded.

For purposes of comparison the infant mortality in the different areas of the country is given below.

England and Wales.....	69
105 Great Towns	72
157 Smaller Towns	69
London	60
Harrogate	62.5

It will be seen from Table III. that, as is always the case, the mortality was highest in the early weeks of life. In 14 cases, nearly one half of the whole number, the infants survived their birth for less than two weeks, and in ten of these death was due to premature birth or some developmental defect. It has been pointed out in former reports that it is only by the development of antenatal work that these deaths can be prevented. Endeavours are being made to extend the work on these lines, but it must be admitted that up to the present they have not been very successful. Expectant mothers are reluctant to attend the Welfare Centre, and one can only hope that as time goes on this reluctance will gradually disappear.

The mortality among illegitimate infants was, as always, much higher than among legitimate infants; the rates being 175 and 52.3 respectively. For 1922 the corresponding figures were 83.3 and 59.5.

Notifiable Diseases.

The number of cases notified and the number of deaths occurring are shown in Table IV. on pages 10 and 11.

Diphtheria was less prevalent than in the previous year, only 16 cases being notified as compared with 25. There was one fatal case, but on the whole the disease appears to have been of a mild type. Two carriers were discovered, and as they were living in a crowded house they were removed to the Isolation Hospital and retained there until the condition was remedied.

Scarlet Fever also gave little trouble and was of a mild type; 31 cases were notified, with no deaths.*

Enteric Fever was more prevalent than for several years. Six cases were notified, but the disease was apparently mild and there were no deaths. In two cases there was evidence that the infection had been contracted in other towns; one was infected by a previous case in the same house; and in one the bacteriological examination shewed that it was not true enteric. The source of infection in the other cases could not be traced.

Tuberculosis. The number of new cases of tuberculosis notified during the year was 51, eleven more than in 1922, and there were 28 deaths, of which 23 were due to pulmonary tuberculosis and 5 to tuberculosis of other organs. The tuberculosis death rate is therefore 0.80 per 1,000, considerably higher than in 1922 when there were only 19 deaths, and the death rate is also higher, 0.80 per 1,000 as compared with 0.55.

In 10 of the fatal cases no previous notification had been received, but three of these died in other districts so that the number of unnotified deaths occurring in Harrogate was 7, or

* One death is included in the death returns, but as in this instance the disease was contracted and death occurred in another town the case is not included in these figures.

about 25 per cent. of the whole number. It is apparent from these figures that a considerable number of cases of tuberculosis still escape notification.

Non-notifiable Diseases.

Measles, which had been somewhat prevalent in Starbeck at the end of 1922 spread in the beginning of the present year to the centre of the town, and during the first three months some 160 cases occurred among children attending schools in this area. Thereafter the disease gradually declined, and during the latter half of the year the district was almost entirely free. The disease was of a very mild type and there were no deaths.

None of the other non-notifiable diseases gave any trouble during the year.

Diarrhoea (under two years of age).

The Borough appears to have been almost entirely free from diarrhoea during the year. There was only one death, that of a child aged 7 months who died in February. The death rate per 1,000 births is therefore 2.1, a rate which has only twice been surpassed, viz., in 1920 and 1922, in which years there were no deaths.

The rates for the other areas of the country are as follows :—

England and Wales	...	...	7.7
105 Great Towns	...	...	9.9
157 Smaller Towns	...	...	6.4
London	...	...	10.2
HARROGATE	...	...	2.1

Ophthalmia Neonatorum.

Eight cases of ophthalmia neonatorum were notified during the year. Details are given underneath.

Notified	Treated		Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
	At Home	In Hospital				
8	5	3	6	2	—	—

Causes of Sickness.

I am not aware of any causes of sickness which have been specially noteworthy during the year.

Summary (for reference) of Nursing arrangements, Hospitals, and other Institutions available for the district.

Professional Nursing in the Home.

(a) General.

There is a large number of nursing homes in Harrogate, which, however, only cater for the comparatively well to do. Nursing for the poorer section of the community is almost entirely provided by the Harrogate and District Nursing Association, which is maintained by voluntary effort and receives no financial aid from the County Council or Local Authority. There are six nurses on the Staff of this Association, and an average of about 1,000 visits per month are made by them.

(b) For Infectious Diseases :

There are no special arrangements for nursing such cases. The District Nurses visit the homes and assist as much as possible without actually nursing the case. The Health Visitors also assist and advise so far as they can.

Midwives :

No midwives are employed or subsidised by the Local Authority.

At the end of the year there were ten midwives practising in the area. Of these 7 were trained, of whom 5 were on the Staff of the District Nursing Association.

Clinics and Treatment Centres :

These are shewn on the accompanying tabular form. There has been no change during the year.

CLINICS AND TREATMENT CENTRES.

Name.	Situation.	Accommodation.	By whom provided.	When open.	Average Attendance.
Harrogate Child Welfare Centre	2 Dragon Parade, Harrogate	Waiting, Weighing and Consulting Room	Harrogate Corporation	Mondays 2-30 p.m.	30
do.	do.	do.	do.	Thursdays 2-30 p.m.	80
Starbeck Child Welfare Centre	Starbeck Council School	Waiting and Consulting Room	do.	Tuesdays 2-30 p.m.	20
School Clinic	2 Dragon Parade	Waiting and Consulting Room	do.	Tuesdays 2-30 p.m.	20-30
Tuberculosis Dispensary	5 Haywra Crescent (for X Ray treatment)	X Ray Room	do.	When necessary	--
	Station Bridge	Waiting and Consulting Room	West Riding County Council	Mondays and Thursdays 1-30 p.m.	
Venereal Clinic	None provided				
Day Nursery	11 East Parade	Dwelling House with accommodation for 12 Infants	Voluntary Association	Daily except Sundays	--

Health Visitors.

It is convenient to refer here to the work of the Health Visitors of whom there are four. One half of their time is given to health visiting and half to school work.

The work has been carried on on the same lines as in former years, and the following table shows, in so far as it is possible to do so in tabular form, the work done during the year.

First visits to Infants	...	...	...	405
Subsequent visits to Infants	...	...	...	2,756
Visits to Children aged 1—5 years	...	...	...	3,594
Enquiries into Infant deaths	...	...	...	19
„ „ Still births	...	...	...	7
Visits to cases of Measles under 5 years				34
„ „ Whooping Cough	„			5
„ „ Diarrhœa	...	...	...	9
„ „ Ophthalmia Neonatorum				10
„ Expectant Mothers	...	...	...	133
„ Cases of Tuberculosis	...	...	...	423
„ For other purposes	...	...	...	76
Total				<u>7,771</u>

In addition to home visiting the Health Visitors attend regularly at the Welfare Centres.

Hospitals provided or subsidised by the Local Authority or by the County Council.

(1) TUBERCULOSIS:—There is no hospital in the area for the treatment of tuberculosis patients. Such persons are sent by the County Council to sanatoria in different parts of the country.

(2) MATERNITY:—There is no maternity hospital in the area, but complicated cases are admitted to the Harrogate Infirmary. An arrangement is also in force whereby such cases are admitted to a nursing home at the expense of the local authority should there not be accommodation at the Infirmary. So far it has not been necessary to make use of this arrangement.

(3) CHILDREN:—The local authority provide and maintain a hospital of 8 cots for infants under 5 years of age. During the year 55 infants were admitted to this institution, the average duration of stay being 46 days. 26 were discharged in good health; 11 were improved; in 2 cases there was no improvement; and 9 died.

(4) FEVER:—An Isolation Hospital is provided at Thistle Hill, Knaresborough, by the Harrogate and Knaresborough Joint Isolation Committee. It serves the districts of Harrogate Borough, Knaresborough Urban and Rural districts, and Wetherby Urban and Rural districts. There is accommodation for 72 patients, and cases of diphtheria, scarlet fever, and enteric fever can be treated concurrently.

(5) SMALLPOX:—The Smallpox Hospital, also provided by the Joint Committee, is situated on the Corporation Farm, Skipton Road. It contains 16 beds, and is capable of extension in case of need. It is kept in a constant state of readiness to receive patients.

(6) OTHER HOSPITALS:—There are two hospitals in the district, both maintained by voluntary effort.

(a) The Harrogate Infirmary, a general hospital, has some 60 beds and receives patients not only from Harrogate but from a large surrounding area. For many years this hospital has proved much too small and great efforts are now being made to extend it.

(b) The Royal Bath Hospital, also maintained by voluntary effort, receives mainly patients suffering from skin diseases and rheumatic affections. It contains about 100 beds and receives patients from all parts of the country.

In addition to these there are the General and Special Hospitals in the neighbouring large towns which are utilised to some extent. None of these hospitals receives any financial aid from the Corporation.

Institutional Provision for Unmarried Mothers and Illegitimate Infants.

There are two such institutions in the area :

ST. AGNES' HOME, Regent Parade, receives illegitimate infants only and accommodates 12. A charge of 10/- per week payable by the parent is made for each infant, but apart from this the Home is maintained by voluntary subscription with the aid of a grant from the Ministry of Health.

ST. MONICA'S HOME, Bower Road, is entirely maintained by voluntary effort. It is primarily a rescue home, but a certain number of unmarried mothers are admitted both before and after confinement.

Ambulance Facilities.

(a) For infectious cases. A motor ambulance for the removal of infectious cases to the Isolation Hospital is provided and maintained by the Joint Committee.

(b) For non-infectious and accident cases. A motor ambulance for the removal of these is maintained by the Corporation. A charge is made for the use of this ambulance, but in special circumstances this charge is remitted or reduced.

Laboratory Work.

Bacteriological examinations are carried out by the West Riding County Council at their laboratory at Wakefield. Outfits for the collection of material are kept at the Public Health Office and may be obtained by any medical man on application.

I learn from Dr. Kaye, County Medical Officer, that the number of specimens sent from Harrogate during 1923 was :

Diphtheria	...	...	..	67
Sputum (tuberculosis)	...		...	19
Ringworm	...	...	...	8
				—
				94

Adoptive Acts and Bye-laws.

A list of the Acts, etc., in force in Harrogate was given in the Annual Report for 1919. There has been no change since that time.

Sanitary Administration.

The following table, which has been prepared by the Chief Sanitary Inspector, shows in so far as it is possible to do so in tabular form the work carried out during the year.

Notices Served.

During the year 378 notices for the abatement of nuisances were served. 261 of these were preliminary, of which 176 were complied with, and 117 were legal notices, 100 of which were complied with.

Total number of visits and inspections made	...	...	6,985
Total number of nuisances reported by Inspectors, 1923			733
Total number of nuisances left over at close of 1922	..		74
do. do. do. 1923	...		41
do. do. abated during 1923	...	...	766
Number of complaints received and investigated	...		148

The following list shews the varied nature of the nuisances dealt with and remedied :

Animals kept so as to be a nuisance	...	...	...	...	3
Additional w.c.'s provided	...	...	...	...	6
Basements subsoiled, drained on to gullies	...	...	...	...	2
Blocked drains opened out, cleansed, and put into proper working order	...	...	...	...	23
Broken manhole covers renewed	...	...	...	...	2
Defective drains repaired	...	...	...	...	48
Defective spouting of eaves of building repaired	...	...	...	...	16
Defective closet cisterns repaired or renewed	..	...	...	...	17
Defective w.c. basins renewed	..	...	...	...	17
Defective roofs repaired	...	...	...	...	4
Defective plastering	...	...	...	...	31

Defective house wall repairs	1
Defective soil pipes or vent shafts repaired	8
Defective kitchen and scullery floors repaired	26
Defective fireplaces repaired or new ones provided ...	1
Defective doors repaired	2
Defective sink pipes repaired	4
Dampness dealt with	24
Dilapidated dust bins replaced with new ones	196
Dilapidated outbuildings repaired or taken down	4
Dirty houses cleansed out and purified	1
Dirty or defective closets repaired, cleansed, or limewashed	20
Dirty or defective waste w.c.'s cleansed or repaired ...	8
Drainage or sanitary arrangements of houses dealt with ...	113
Drainage systems ventilated	25
Drains through houses taken up and cast iron pipes substituted	1
Dirty yards cleaned up	2
Drains provided	1
External house walls repaired... ..	14
Fowls kept so as to be a nuisance	1
House drains disconnected from sewer	29
Houses redrained	33
Inspection chambers built on house drains	15
Insanitary ashpits removed and dust bins substituted ...	3
Miscellaneous	14
Offensive accumulations removed	9
Pedestal closets fixed in place of boxed-in ones	3
Rainwater pipes disconnected and made to discharge over gully	19
Rainwater pipes repaired	3
Soil pipes ventilated with 4 inch shafts	2
Sink pipes trapped	2
Under floors ventilated... ..	2
Workshops provided with sanitary convenience	1
Windows repaired and made to open	22

Waste pipes from sink, bath, or lavatory basins repaired ...	2
Water supply of houses dealt with	2
Yards paved, whole surface	45
Yard paving repaired	36
W.c.'s without water	1
Workshops cleansed or limewashed	6
W.c.'s opening into workroom, intervening space provided	2
Workshops ventilated or gas stoves covered to carry off fumes	1

In addition to the above, the two men engaged in testing drains and disinfecting have let off 1,164 blocked drains or gullies, 199 intercepting traps, 304 blocked w.c.'s, and 138 inspecting chambers.

Inspection of places where food is prepared.

BAKEHOUSES:—There were 44 bakehouses, including 8 underground, in occupation at the end of the year. They were regularly inspected—521 visits having been paid during the year—and as a rule were found in a satisfactory condition.

OFFENSIVE TRADES:—Two offensive trades, one tripe boiling and one gut scraping business, are carried on in connection with one of the slaughterhouses. These premises have been regularly inspected and on no occasion has there been any cause for complaint.

ICE-CREAM:—Regular visits of inspection are made to the premises of itinerant vendors of this commodity and as a rule they are found to be kept in fairly good condition.

SLAUGHTERHOUSES:—There are four registered slaughterhouses in the area. Two are closely surrounded by dwellinghouses but are well kept, and there has been no cause for complaint during the year. One is a small and not very satisfactory building, but is only used to a very small extent. These slaughterhouses were visited 358 times during the year and were always found in a cleanly condition.

The amount of unsound food destroyed during the year was:

Pork	3,535 lbs.
Beef	2,265 „
Offals	1,701 „
Mutton and Lamb ...	214 „
Imported Beef ...	211 „
Veal	42 „
Fish	12 „
	<hr/>
	7,980 lbs, or 3 tons,
	<hr/> 11cwts., 2qrs.

In addition a quantity of sugar, fruit, vegetables, and tinned meats found to be unsound, was destroyed.

Disinfection and Disinfestation.

Infected rooms are disinfected by spraying with formalin; bedding, etc. is disinfected by steam in a Washington Lyons disinfectant at the Isolation Hospital. 106 houses and 1,778 articles of clothing, bedding, etc., were disinfected during the year.

There are no arrangements for disinfestation.

Dairies, Cowsheds, and Milkshops.

At the end of the year the register contained the names of 78 retail purveyors of milk, of whom 54 had premises inside the Borough and 24 outside; and of 48 wholesale dealers or producers, 26 of whom were inside and 22 outside the Borough. 12 of the retail purveyors and 6 of the wholesale dealers were also cow-keepers whose sheds were in the Borough.

The premises of all purveyors of milk are inspected regularly and frequently, 326 visits having been made during the year. The dairies and milk shops are as a rule satisfactory, and it is seldom that exception can be taken on the score of cleanliness. The facilities for cleansing milk churns are not however in all cases so complete as could be wished; notably arrangements for sterilising by steam are wanting.

The premises of those milk dealers in a smaller way of business are less satisfactory. Generally the premises are clean but the arrangements for storing milk and milk cans are often far from suitable. In many instances the only store available is the household pantry, which is not always satisfactory. Since the Milk and Dairies (Amendment) Act, 1922, came into operation, no retail purveyor has been registered whose premises were not suitable, but the businesses to which the preceding paragraph relates were all in existence—many of them for many years—before the passing of this Act. If these people are now called upon to make extensive alterations to their premises many of them will be driven out of the business and so lose their means of livelihood. There is naturally reluctance to do this, but the time cannot long be delayed when this step must be taken.

The cowsheds, of which there were 23 in occupation at the end of the year, are also regularly inspected. On the whole there has been a distinct improvement in the cleanliness of the sheds, and a fair proportion of the cow-keepers are now grooming their cattle regularly. This is all to the good, but there is still much room for improvement and no efforts will be spared to effect this.

In addition to visits by the sanitary inspectors, these sheds are also visited four times a year by the Veterinary Inspector with a view to discovering any cows affected with tuberculosis of the udder. None were discovered during the year.

Sale of Graded Milk.

During the year three licenses were granted under the Milk and Dairies (Amendment) Act, 1922, viz :—

One for the sale of “Certified” milk, one for “Pasteurising” milk, and one for the sale of “Pasteurised” milk.

Sale of Food and Drugs Acts.

During the year 94 samples of Food, etc., were obtained and submitted to the County Analyst for analysis, 82 being formal and 12 informal. In 11 cases these were not of the nature and substance demanded.

The number and nature of the samples is shewn in the following table :—

Nature of Sample	Adulter- ated	Genuine	Informal	Formal	Total
Milk	11	73	2	82	84
Vinegar	1	1	...	1
Butter	1	1	...	1
Lard	1	1	...	1
Margarine	2	2	...	2
Baking Powder	2	2	..	2
Ground Ginger	1	1	...	1
Cornflour	1	1	...	1
Arrowroot	1	1	...	1
Totals	11	83	12	82	94

The following table gives details of the adulterated samples and of the action taken in each case :—

No. of Sample	Nature of Sample	Analyst's Report	Action taken
5	Milk	Sample contained 4.7% added water.	No action taken.
6	Milk	Sample contained 4.4% added water.	No action taken.
7	Milk	Sample contained 9.3% added water.	Informal sample, no action taken.
17	Milk	Sample deprived of 2% of its natural fat.	Vendor written to by Town Clerk.
41	Milk	Sample deprived of 4% natural fat.	Vendor written to by Town Clerk.
42	Milk	Sample contained 1.1% added water.	Vendor written to by Town Clerk.
44	Milk	Sample deprived of 3.4% natural fat.	Vendor written to by Town Clerk.
65	Milk	Sample deprived of 2% natural fat.	Vendor written to by Town Clerk.
74	Milk	Sample deprived of 14.7% natural fat.	* No action taken.
77	Milk	Sample contained 0.7% added water.	Vendor written to by Town Clerk.
79	Milk	Sample contained 4.9% added water.	Vendor written to by Town Clerk.

* Further sample to be taken. Vendor meanwhile left district.

PUBLIC HEALTH STAFF.

*** Medical Officer of Health and School Medical Officer :**

JAMES MAIR, M.B., D.P.H.

*** Physician to Welfare Centres and Babies Hospital (part time).**

LAURA S. VEALE, M.B.

Veterinary Inspector :

A. ELLISON, M.R.C.V.S.

*** Chief Sanitary Inspector :**

WM. KEMP, F.S.I.A.

Sanitary Inspector and Inspector of Meat and other Foods :

H. WALLS, Cert. R. San. Inst., and Certificated Meat Inspector.

*** Health Visitors and School Nurses :**

(Senior) MISS A. WARDLE, C.M.B., M.R.S.I.

MISS M. NIBLETT ,,

MISS M. J. WRATHER ,,

MISS B. M. WILSON ,,

*** Sister-in-Charge, Municipal Babies' Hospital :**

MISS I. CORRIN, C.M.B.

Clerical Staff :

R. W. LEEMING.

J. CORBETT.

MISS D. CHERRITT

(part time Child Welfare Work).

*** Contribution is made to the Salaries of these Officers under the Public Health Acts or by Exchequer Grants.**

Housing.

Number of new houses erected during the year :

(a) Total	...	...	...	...	...	...	75
(b) As part of a Municipal Housing Scheme							—

1.—Unfit Dwelling Houses.

Inspection.

(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	...	...	65
(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	..	...	...				37
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...				—
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	...	...	...	...	...	...	34

2.—Remedy of Defects without service of formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	4
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3.—Action under statutory powers.

A.—Proceedings under section 28 of the Housing Town Planning, etc., Act, 1919		
(1) Number of dwelling houses in respect of which notices were served requiring repairs	...	...				14
(2) Number of dwelling houses which were rendered fit	...	...	...	...	...	...
(a) By owners	...	...	...	...		12
(b) By Local Authority in default of owners						—
(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close						—

B.—Proceedings under Public Health Acts.

(1)	Number of dwelling houses in respect of which notices were served requiring defects to be remedied	...	...	...	...	...	...	28
(2)	Number of dwelling houses in which defects were remedied	...	...	...	...	...	...
	(a) By owners	...	...	...	...	...	...	25
	(b) By Local Authority in default of owners	...	...	...	...	...	...	—

C.—Proceedings under Sections 17 and 18 of the Housing Town Planning, etc., Act, 1909.

(1)	Number of representations made with a view to the making of Closing Orders	...	...	...	—
(2)	No of dwelling houses in respect of which Closing Orders were made	...	...	...	—
(3)	Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit.	...	...	...	—
(4)	Number of dwelling houses in respect of which Demolition Orders were made	...	...	...	—
(5)	Number of dwelling houses abolished in pursuance of Demolition Orders	...	...	...	—

Factory and Workshop Acts.

The work done under these Acts is shewn in the following Tables.

1.—INSPECTION OF FACTORIES, WORKSHOPS, AND WORKPLACES

(Including Inspections made by Sanitary Inspector
or Inspector of Nuisances).

PREMISES	Number of		
	Inspections	Written Notices	Prosecutions
Factories (including Factory Laundries).	227	4	...
Workshops (including Workshop Laundries).	2,673	5	...
Workplaces (other than Outworkers' premises included in Part 3 of this Report)	...	...	...
Total	2,900	9	...

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS,
AND WORKPLACES.

PARTICULARS.	Number of Defects			Number of Prosecutions
	Found	Remedied	Referred to H.M. Inspector	
<i>Nuisances under the Public Health Acts :</i>				
Want of cleanliness ... ..	...	...	...	...
Other nuisances	2	2	...	...
Sanitary accommodation	...	...	...	...
{insufficient ... ..	...	...	...	...
{unsuitable or defective	1	1	...	...
{not separate for sexes	...	...	...	...
<i>Offences under the Factory and Workshop Act :</i>				
Breach of special sanitary requirements for bakehouses	6	5	...	...
Total	9	8	...	...

4.—REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at the end of the year	Number
Important classes of workshops such as workshop bakehouses, may be enumerated here	<div> <div>Bakehouses 44</div> <div>Milliners and Dressmakers 44</div> <div>Tailors 39</div> <div>Miscellaneous 51</div> </div>
Total number of Workshops on Register ..	178

5.—OTHER MATTERS.

Class	Number
Matters notified to H.M. Inspector :	
Failure to affix Abstract of the Factory and Workshop Act (S. 133) ... ..	...
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory & Workshop Act (S. 5)	<div> <div>Notified by H.M. Inspector 5</div> <div>Reports (of action taken) sent to H.M. Inspector 5</div> </div>
Underground Bakehouses (S. 101)	8
Certificates granted during the year ... ..	..
In use at the end of the year... ..	8



Borough of Harrogate.

ANNUAL REPORT
OF THE
SCHOOL
MEDICAL OFFICER
FOR
1923

BY
JAMES MAIR, M.B., D.P.H.
School Medical Officer.

*To the Chairman and Members of the
Harrogate Education Committee.*

LADIES AND GENTLEMEN,

I have the honour to submit to you for your information and consideration my Annual Report on the work of the School Medical Service for the year ended 31st December, 1923.

The report is on the lines indicated by the Board of Education, and while it has been condensed as much as possible it is believed to contain all essential information.

I have to thank the Members of the Education Committee, the Director of Education, and his Staff for the courtesy and help always shown to my department and myself.

I have also to thank the members of my own Staff, without whose loyal assistance, always willingly given, the work could not be carried on.

I am, Ladies and Gentlemen,

Your obedient servant,

JAMES MAIR,
School Medical Officer.

April, 1924.

THE EDUCATION COMMITTEE.

Chairman :

COUNCILLOR MORTIMER

Vice-Chairman :

COUNCILLOR FOSTER.

Members of Council :

THE MAYOR (COUNCILLOR D. SIMPSON.)

ALD. ANNAKIN	COUN. FOSTER	COUN. TOPHAM
„ RAWORTH	„ MACKAY	„ WEBSTER
„ SHEPHERD	„ MORTIMER	„ WHITEOAK
COUN. BARBER	„ NEWSOME	„ WOOD
„ BROADBANK	„ SCHOFIELD	

Co-opted Members :

MR. GEORGE BALLANTYNE	MR. W. TOPHAM
„ J. FAWCETT	„ W. P. WELPTON, B.Sc.
„ C. HAWKINS	„ MISS BIRD, B.A.
„ J. S. HOLMES	„ MISS NORTHROP
„ T. R. V. RENTON	

School Medical Staff.

School Medical Officer :

JAMES MAIR, M B., D.P.H.

Ophthalmic Surgeon :

W. J. FORBES, M.B.
(Part-time)

School Dentist :

F. C. WILSON, L.D.S.
Part-time)

School Nurses :

MISS A. WARDLE	MISS M. WRATHER
MISS M. NIBLETT	MISS B. M. WILSON

Clerk :

MISS D. CHERRITT (Part-time)

Staff.

There has been no alteration in the Staff, whose names will be found on the preceding page.

Co-ordination.

(a) *Infant and Child Welfare*:—The School Medical Officer is also Medical Officer of Health, and as such is responsible for the administration of the whole of the Infant and Child Welfare work in the Borough; and the School Nurses act also as Health Visitors, so that there is the closest possible co-ordination between the two services.

(b) *Nursery Schools*:—There are no nursery schools in the Borough, nor does there at present seem to be any great need for such.

(c) *The care of Debilitated Children under school age*:—These children are under the care of the Maternity and Child Welfare Committee through the medium of their Health Visitors, Welfare Centres, and the Municipal Babies' Hospital.

School Hygiene.

There are ten elementary schools in Harrogate, of which six are "provided" and four "non-provided." These schools provide accommodation for 5,667 scholars, and at the end of the year there were 3,493 names on the registers. Generally speaking, lighting and ventilation are satisfactory, although in one or two of the older schools a few classrooms are rather dark. With the exception of one small school which is heated by stoves, central heating is installed and is generally satisfactory. Town's water is laid on to each school and the water carriage system is in use throughout.

Medical Inspection.

(a) The children inspected during the year belonged to the following age groups:—

- (1) Entrants, aged 5 and 6 years.
- (2) Intermediates, aged 7 and 8 years.
- (3) Leavers, aged 12 years.

In addition to these "routine" age groups, children known or suspected to be suffering from any defects are presented by teachers, parents, etc. as "Special" cases for examination, both at the Schools and at the School Clinic; and children who have previously been found to be defective are regularly re-examined.

(b) The Boards Schedule of Medical Inspection has been followed throughout.

(c) At each routine inspection the School Medical Officer examines all children admitted to the school since the previous inspection. The Teachers, Attendance Officers, and School Nurses also send cases not previously discovered by the School Medical Officer to the School Clinic for examination. In one or other of these ways the majority of children suffering from crippling defects are ascertained. As an additional safeguard Head Teachers send a return twice a year to the School Medical Officer of all crippled children on their registers; and Attendance Officers make a similar return of such children, who, although of school age, are not upon any School register. It is believed that through these channels the School Medical Department has knowledge of practically every crippled child in the area.

These children are kept under observation throughout their school life and everything practicable is done to secure the requisite treatment.

(d) The routine inspections are in all cases carried out in the school premises and during school hours. It is therefore impossible to avoid some disturbance of school arrangements, but every effort is made to reduce this to the minimum.

Findings of Medical Inspection.

Table II. in the Appendix sets forth the nature and number of the defects discovered, but it is convenient here to refer to some of these in more detail:—

(a) Uncleanliness.

The principal condition comprised in this term is pediculosis of the head as revealed by the presence of pediculi or nits in the hair. For the purpose of discovering and remedying this condition each school is visited regularly by the School Nurses. During the year 131 visits were paid to the schools; 14,876 inspections were made, and 434 individual children were at some time or other during the year found to have nits or vermin in their hair. This is a slight improvement on the previous year, when the corresponding figure was 492. When the schools were inspected by the Nurses in January, it was noted that 320 children were verminous, whereas in December the number had fallen to 267. These figures appear to show that the work of the School Nurses is having some good effect, but there is room for much improvement.

(b) **Tonsils and Adenoids.**

The presence of enlarged tonsils and adenoids, either singly or in combination, was noted in 60 children. In 31 instances operative treatment was considered necessary and the parents were advised accordingly; in the remaining 29 cases the condition was less marked and these children are kept under observation. The importance of suitable breathing exercises is in all cases impressed upon parents and teachers.

(c) **Tuberculosis.**

One definite and six suspected cases of pulmonary tuberculosis were discovered among "routine" children during the year. Five cases of glandular and one of joint tuberculosis were also noted. All these cases are kept under close observation by the School Medical Officer and Tuberculosis Officer, and only allowed to attend school with the consent of the latter.

(d) **Skin Diseases.**

The most important skin disease from the point of view of school attendance is ringworm of the scalp. Six cases were discovered among "routine" children, and in addition 11 other children attended at the Clinic as "Special" cases. These figures are slightly less than those for the previous year, which were 3 and 20 respectively.

(e) **External Eye Diseases.**

These diseases are not very commonly met with among school children. 14 cases requiring treatment were discovered.

(f) **Vision.**

At the routine examination only children belonging to the "intermediate" and "leavers" group have their eyesight examined. Of these children 136 were found to have defective vision and 72 were referred for treatment. In 64 instances suitable spectacles were being worn. In addition 27 children were found to be suffering from squint, of whom 10 were referred for treatment.

(g) **Ear Disease and Hearing.**

The principal ear disease discovered was inflammation of the middle ear, of which 13 cases were noted, all of whom were referred for treatment.

Defective hearing was noted in 17 children, of whom 9 were referred for treatment.

(h) **Crippling Defects.**

These are not very common in this district. They were present in 16 "routine" children, but in only 5 was the condition considered such as to call for medical treatment.

Infectious Disease.

The arrangements for detecting and preventing the spread of infectious disease have been fully described in former reports and need not be repeated.

The number of cases which occurred among school children during the year was:—

Scarlet Fever ...	7	Whooping Cough ...	14
Diphtheria ...	5	Chickenpox ...	5
Measles ...	231	Mumps ...	5

From this table it will be seen that Measles was the only disease which was at all prevalent. The prevalence was almost entirely confined to the first three months—160 cases having occurred during this period—and the school principally affected was Western Council.

It was not necessary to close any department during the year.

Following up.

The arrangements for the following up of defective school children are similar to those described in last year's report. The bulk of the work is carried out by the School Nurses, but valuable assistance is rendered by the Teachers and Attendance Officers.

In this connection the School Nurses paid 810 visits to the homes of children during the year; they also made 888 visits in connection with cases of infectious diseases, etc.

Medical Treatment.

The Local Education Authority provides treatment for defective school children, partly by the provision of school clinics and partly by an arrangement with the Harrogate Infirmary for the treatment of certain diseases of the throat, nose, ear, and eyes.

In former years all treatment was provided free, but the Board of Education now require that a charge be made for certain forms of treatment. The Education Committee therefore drew up a scale of charges which was finally approved by the Board, and came into operation on the 9th October, 1923.

The scale is as follows:—

Dental treatment ...	...	...	1/- per tooth.
Diseases of the Eye, Ear, Nose, and Throat (Infirmary treatment) ...	...	...	3/6 per case.
X Ray treatment of ringworm ...	...	...	7/6 per case.
Defective vision ...	...	...	Actual cost of spectacles.
Minor ailments ...	...	...	Free.

The whole or part of the cost may be remitted by the Committee in those cases where the income of the family falls within a certain limit.

Between October 9th and the end of the year the sum of £14 0s. 7d. had been received. Of this, £6 2s. 0d. was in respect of dental treatment, and £7 18s. 7d. was in payment of spectacles.

It is too early yet to say what, if any, effect, the adoption of this scale of charges will have upon the number of children accepting treatment, but there is reason to believe that the number accepting dental treatment is showing a tendency to decrease since a charge was imposed.

School Clinics.

General Clinic.

(a) CENTRAL CLINIC.—This Clinic, which serves both as an inspection clinic and as a clinic for the treatment of minor ailments, is held in premises belonging to the Authority at No. 2 Dragon Parade. The School Medical Officer attends on one afternoon each week, and during the year examined 601 individual children, who made 1,391 attendances.

The principal reasons for attendance were:—

Diseases of the eye	32
„ „ ear	28
„ „ nose and throat	55
„ „ heart	4
Paralysis	4
Epilepsy	9
Chorea	8
Ringworm of scalp	11
„ body	8
Other skin diseases	126
Verminous conditions	10
Phthisis and suspected Phthisis	13
Other Tuberculous diseases	8
Infectious diseases	21
Other conditions	264
	<hr/>
	601

In addition to the afternoon session the clinic is open for an hour each morning, when the Senior School Nurse is in attendance for the purpose of treating children suffering from minor

ailments, principally skin diseases and minor injuries. During the year this Morning Clinic was attended by 360 children, who made 1,661 attendances.

(b) **STARBECK CLINIC**—Starbeck Clinic is conducted in a room at Starbeck School by a School Nurse, who attends on one or two mornings a week. Minor ailments only are treated; other cases are referred to the Central Clinic. There was a considerable diminution in the number of children attending during the year—39 as compared with 86 during the previous year. This is due to the fact that skin diseases, which comprised the bulk of the cases, were much fewer in number.

Ophthalmic Clinic.

This Clinic is conducted by Dr. Forbes on one afternoon per week at the Central Clinic. It was attended during the year by 230 children, who made 368 attendances. This number includes not only children referred for treatment by the School Medical Officer, but children who had been directed to come up for re-examination by the Ophthalmic Surgeon, and a few brought directly by their parents.

114 were children who attended for the first time, and the refractive errors found in these cases were:—

Hypermetropia	...	...	...	12
Myopia	...	...	...	7
Hypermetropic Astigmatism	...	...	...	48
Myopic Astigmatism	...	...	...	15
Mixed Astigmatism	...	...	...	32

The Education Authority have an arrangement with a local optician for the provision of spectacles for school children at reduced prices, and practically all school children obtain their glasses in this way. The number so obtained during the year was 172. In 23 instances a part or the whole of the cost was borne by the Authority, the total amount so expended being £6 10s. 7d.

Dental Clinic.

Mr. F. C. Wilson continued to act as School Dentist throughout the year, devoting as a rule three half-days per week to the work. Details of the work done are shewn in Table IV. (IV.) in the appendix, and a copy of Mr. Wilson's report is appended.

Report by Mr. F. C. Wilson, L.D.S. (School Dentist).

The examination and treatment of the School Children during the year under review has been carried out effectively,

and out of 109 half-day attendances by the Dentist 35 have been given over to inspections and 74 to treatment, so that every child's mouth is now being examined once every six months.

The statistics for the year compare very favourably with previous years, and it is very satisfactory to note that there is considerable improvement in the children's teeth generally. The worst feature, as usual, being the lack of attention by the children themselves to oral cleanliness, in very few mouths is a tooth brush used at all, and most of the decay in upper incisors particularly is caused by green stain and sordes being allowed to remain around and between the teeth. The number of children attending for treatment is not nearly so large as it should be, and it is a great pity that the apathy of the parents is, in so many cases, allowed to be the cause of the serious lack of nutrition if not actually direct poisoning of the alimentary tract at the important period of school life.

(Signed) F. C. WILSON, L.D.S.

March, 1924.

Treatment of Tuberculosis.

The close co-operation between the School Medical Officer and the Tuberculosis Officer of the West Riding County Council continues. All children known or suspected to be suffering from tuberculosis are referred to the Tuberculosis Officer, who, as a rule, keeps definite cases under his own observation, returning others to the School Medical Officer. The opinion of the Tuberculosis Officer is always obtained before any tuberculous child is allowed to attend school.

Treatment of Diseases of the Ear, Throat, and Nose.

Children suffering from these diseases as a rule attend in the first instance at the Clinic, and if more radical treatment is considered necessary are referred to the Harrogate Infirmary.

Open-Air Education. Physical Training and School Baths.

I am indebted to Mr. W. E. C. Jalland, M.Sc., Director of Education, for the following information:—

During the Educational Year—April, 1923, to March, 1924, no special arrangements have been in force for open-air classes, but the teachers have taken every advantage of the fine weather to teach their classes in the open air.

The Swimming Baths have been reserved for three half-days a week for use by the school children, who have attended under the supervision of their teachers and have been instructed in swimming. This arrangement has resulted in a continued large number of juvenile attenders at the Baths at other times, and a further increase in the number of children able to swim. A very large number of children can now swim one quarter of a mile or more, and the Swimming Gala held in 1923 was an even greater success than that held in 1922.

Physical Training has formed part of the curricula of the schools and been taken in the playgrounds as far as possible. Organised games have been taken on the Stray in the case of those schools conveniently placed, and special grounds have been secured for the other schools, cricket, football, and hockey being played. At a number of the schools net-ball is played in the play-grounds by the girls attending the school, and in one case the provision of suitable matting, etc., has allowed of cricket practice by the boys taking place.

The Elementary Schools' Football Association has had a very successful season and led to an extensive playing of organised games out of school hours as well as additional physical exercises, skipping, running, and so on in the evenings on the part of the better players, from whom have been chosen the teams to represent the town in matches against York, Otley, Barnsley, Scarborough, Normanton, Selby, and several private schools in Harrogate. Mr. T. W. Bell, of Woodlands, has voluntarily given much of his time in helping the Masters to train the boys, and the Starbeck Association Football Club has assisted by allowing the use of its ground.

A number of girls have joined special classes in folk dancing, which are held in the evening and taught by mistresses from the schools.

A large number of both masters and mistresses have given voluntarily and generously of their own time in the development of these various forms of physical training out of school hours among the children attending the schools, and an expression of appreciation of the work these teachers are doing is, therefore, not out of place here. Efforts are being made to ensure that the children, on leaving school, will join some organisation for adolescents, where they can continue the physical training and organised games they have learned at school; but as yet no Juvenile Organisations Committee exists in Harrogate.

W. E. C. JALLAND.

Provision of Meals.

The Authority has no arrangements for the provision of meals for school children, nor does there at the moment appear to be any great need for such provision.

Co-operation of Parents.

Parents are always notified of the time of routine inspection, and invited to be present. They are also invited and encouraged to accompany their children to the Clinic, and a large number do so.

The percentage of parents attending at the routine inspections during the year was

	ENTRANTS		INTERMEDIATES		LEAVERS	
	Boys	Girls	Boys	Girls	Boys	Girls
1921	62	63	62	62	15	27
1922	52	57	55	55	27	21
1923	64	72	60	53	34	49

Co-operation of Teachers.

The teachers co-operate closely in the work of medical inspection—indeed without their assistance the work could not be carried on. They send out the medical history cards and invitations to the parents and make certain entries on the medical inspection cards. They are also of assistance in obtaining treatment for certain defects, *e.g.*, they see that spectacles are worn, breathing exercise carried out, etc.

Co-operation of School Attendance Officers.

The School Attendance Officers are of assistance in many ways. They arrange for the attendance of children at the Clinic; they bring to the notice of the School Medical Officer children absent from school on account of sickness and who are not receiving medical attention; and are of much assistance in many other ways.

Co-operation of Voluntary Bodies.

The assistance of the National Society for the Prevention of Cruelty to Children is frequently sought and is always willingly given. It has proved especially useful in securing the remedying of verminous conditions. The Citizens' Guild of Health has also

been very helpful. Through its generosity 30 delicate school children were sent to Convalescent Homes during the year. Three crippled children were also provided with special appliances and a number of the children sent to Convalescent Homes were equipped with boots and clothing. The War Distress Committee also provided a number of necessitous children with boots and clothing.

Blind, Deaf, and Epileptic Children.

There has been no change in the methods adopted for ascertaining these children. They appear to be adequate, and there are few, if any, such children who do not come within the purview of the Authority.

No school is provided for these children, but they are maintained by the Education Authority in residential schools in other areas. At the end of the year three deaf children (two boys and one girl) were being so maintained.

Grove Road Special School.

Mentally Defective Children attend Grove Road Special School. At the end of the year there were 9 boys and 5 girls on the register, and one boy was attending for observation. During the year one boy reached the age of 16 years and was discharged, and one boy was certified as an imbecile and notified to the Local Control Authority.

This school serves a useful purpose, but as has been pointed out in former reports it is too small to allow of the proper grading of the children, and the best results cannot therefore be expected.

Special Enquiries.

The time of the School Medical Officer is so fully occupied by routine work that it has not been possible to conduct any special enquiries during the year.

Statistical Tables.

The statistical tables required by the Board of Education are appended.

MEDICAL INSPECTION RETURNS.

TABLE I.
RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections.

Entrants	...	..	...	...	...	...	306
Intermediates	...	...	...	...	...	...	347
Leavers	...	...	...	...	...	...	427
Total							<u>1,080</u>

Number of other Routine Inspections 112

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	578
Number of Re-Inspections	...	...	...	...	<u>1,479</u>
Total					<u>2,057</u>

TABLE II.

A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1923.

DEFECT OR DISEASE						Routine Inspections		Special Inspections	
						No. of Defects		No. of Defects	
						Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment
(1)						(2)	(3)	(4)	(5)
Malnutrition						55	94	—	—
Uncleanliness: (See Table IV., Group V.)						—	—	11	—
Skin	{	Ringworm—Scalp				6	—	11	—
		,, Body				1	—	8	—
		Scabies				—	—	13	—
		Impetigo				2	—	27	—
		Other Diseases (Non-Tuberculous) ...				21	3	83	—
Eye	{	Blepharitis				9	3	8	—
		Conjunctivitis				1	—	12	—
		Keratitis				—	—	1	—
		Corneal Opacities				2	—	6	—
		Defective Vision (excluding Squint)				72	64	25	2
		Squint				10	17	3	—
		Other Conditions				2	7	15	—
Ear	{	Defective Hearing				9	8	11	1
		Otitis Media				13	1	16	—
		Other Ear Diseases				3	—	3	—
Nose and Throat	{	Enlarged Tonsils only... ..				23	21	4	1
		Adenoids only				8	8	2	—
		Enlarged Tonsils and Adenoids ...				—	—	9	—
		Other Conditions				—	1	14	1
Enlarged Cervical Glands (Non-Tuberculous)						1	13	2	12
Defective Speech						—	8	—	1
Teeth—Dental Diseases (See Table IV., Group IV.)						—	—	—	—
Heart and Circulation	{	Heart Disease—Organic				3	6	—	1
		,, ,, Functional				—	4	—	1
		Anæmia				17	—	2	—
Lungs	{	Bronchitis				9	9	14	1
		Other Non-Tuberculous Diseases ...				—	1	—	8

TABLE II.—Continued.

DEFECT OR DISEASE						Routine Inspections		Special Inspections	
						No. of Defects		No. of Defects	
						Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment
(1)						(2)	(3)	(4)	(5)
Tnber- culosis	{	Pulmonary :							
		Definite				1	—	4	—
		Suspected				4	2	12	—
		Non-Pulmonary :							
		Glands				3	2	9	—
		Spine				—	—	—	—
		Hip				—	—	—	—
		Other Bones and Joints				—	1	—	—
Nervous System	{	Skin				—	—	—	—
		Other Forms				—	—	—	—
		Epilepsy				—	—	1	—
		Chorea				1	—	3	—
		Other Conditions				4	2	1	1
		Rickets				—	4	—	—
		Spinal Curvature				—	1	—	—
		Other Forms				1	4	1	—
Other Defects and Diseases						23	16	147	23

B. Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP	Number of Children		Percentage of Children found to require Treatment
	Inspected	Found to require Treatment	
(1)	(2)	(3)	(4)
CODE GROUPS :			
Entrants	306		
Intermediates	347		
Leavers	427		
Total (Code Groups)	1,080	276	23.1
Other Routine Inspections ...	112		

TABLE III.

Return of all Exceptional Children in the Area.

			Boys	Girls	Total
Blind (including partially blind)	(i.) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ...	—	—	—
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution	—	—	—
	(ii.) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ..	—	—	—
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution.	—	—	—
Deaf (including deaf and dumb and partially deaf)	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ...	2	1	3
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution	1	—	1
	(ii.) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ...	—	—	—
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution	—	—	—
Mentally Defective	Feeble-minded (cases not notifiable to the Local Control Authority.)	Attending Certified Schools for Mentally Defective Children ...	9	5	14
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution	—	2	2
	Notified to the Local Control Authority.	Feeble-minded ...	—	—	—
		Imbeciles ...	1	—	1
		Idiots ...	—	—	—
			—	—	—
Epileptics	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ..	—	—	—
		In Institutions other than Certified Special Schools	—	—	—
		Attending Public Elementary Schools ...	—	—	—
		At no School or Institution	3	3	6
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ...	6	4	10
		At no School or Institution	—	—	—

TABLE III.—Continued.

			Boys	Girls	Total
Physically Defective	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	2	3
		At other Institutions ...	—	—	—
		At no School or Institution	5	—	5
	Non-infectious but active pulmonary and pulmonary tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	—	—
		At Certified Residential Open Air Schools ...	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	7	5	12
		At other Institutions ...	—	—	—
		At no School or Institution	1	1	2
	Delicate children (<i>e.g.</i> , pre - or latent tuberculosis malnutrition, debility, anæmia, etc)	At Certified Residential Open Air Schools ...	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions ..	—	—	—
		At no School or Institution	—	—	—
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution	—	—	—
	Crippled Children (other than those with active tuberculous disease) <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools ...	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Public Elementary Schools	10	6	16
		At other Institutions ...	—	—	—
		At no School or Institution	2	3	5

TABLE IV.

Return of Defects Treated during the Year ended 31st December, 1923.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness,
for which see Group V.)

Disease or Defect	Number of Defects treated, or under treatment during the year		
	Under the Authority's Scheme	Otherwise	Total
Skin—			
Ringworm—Scalp	11	6	17
Ringworm—Body	8	—	8
Scabies	12	—	12
Impetigo	26	3	29
Other Skin Disease	83	21	104
Minor Eye Defects (External and other, but excluding cases falling in Group II.)	24	13	37
Minor Ear Defects	38	6	44
Miscellaneous (<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.)	128	42	170
Total	330	91	421

GROUP II—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease	No. of Defects dealt with			
	Under the Authority's Scheme	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report).	230	7	—	237
Other Defect or Disease of the Eyes (excluding those recorded in Group I.).	—	—	—	—
Total	230	7	—	237

Total number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme	184
(b) Otherwise	7

Total number of children who obtained or received spectacles

(a) Under the Authority's Scheme	172
(b) Otherwise	7

GROUP III—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects				
Received Operative Treatment			Received other forms of Treatment	Total number treated
Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme	Total		
26	5	31	4	35

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Age :		} Total 6160	
Routine Age Groups	5—		
	6—300		
	7—605		
	8—690		
	9—787		
	10—901		
	11—766		
	12—822		
	13—804		
	14—485		

Specials 110

Grand Total 6270

(b) Found to require treatment 1493

(c) Actually treated 742

(d) Re-treated during the year as the result of periodical examination 28

(2) Half-days devoted to :—

Inspection	...	35	} Total
Treatment	...	74		109

(3) Attendances made by children for treatment ... 742

(4) Fillings :—

Permanent teeth	...	1016	} Total
Temporary teeth	...	3		1019

(5) Extractions :—

Permanent teeth	...	36	} Total
Temporary teeth	...	122		158

(6) Administrations of general anaesthetics for extractions ... Nil

(7) Other operations :—

Permanent teeth	...	77	} Total
Temporary teeth	...	1		78

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses 13

(ii.) Total number of examinations of children in the Schools by School Nurses 14,876

(iii.) Number of individual children found unclean ... 434

(iv.) Number of children cleansed under arrangements made by the Local Education Authority 8

(v) Number of cases in which legal proceedings were taken :—

(a) Under the Education Act, 1921 Nil

(b) Under School Attendance Byelaws Nil



